

TITLE 4. PROFESSIONS AND OCCUPATIONS**CHAPTER 38. BOARD OF HOMEOPATHIC MEDICAL EXAMINERS**

(Authority: A.R.S. § 32-2904 et seq.)

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Article 4, consisting of Sections R4-38-401 thru R4-38-403, adopted effective September 24, 1998 (Supp. 98-3).

Section

- R4-38-401. Definitions
- R4-38-402. Application; Initial License, Permit, or Registration

- R4-38-403. Application; Renewal of License, Permit, or Registration

ARTICLE 1. GENERAL**R4-38-101. Standards for Applicants Not Holding Degrees from a College or University Approved by the Board**

- A. "Approved school of medicine" means any school or college operating a course of study which upon successful completion results in a Degree of Doctor of Medicine or a Doctor of Osteopathy and whose course of study has been approved or accredited by the American Institute of Homeopathy, the Association of American Medical Colleges, the Association of Canadian Medical Colleges, the American Medical Association, or the American Osteopathic Association.
- B. An applicant who has graduated from an unapproved school of medicine shall meet the following requirements:
 1. Be the holder of a standard certificate issued by the Educational Council for Foreign Medical Graduates, or
 2. Successfully complete an approved Fifth Pathway Program of 12 months supervised clinical training under the direction of an approved school of medicine in the United States in addition to documentation granted by a foreign school of medicine signifying completion of all of the formal requirements for graduation from such foreign medical school except internship or social service training or both.

Historical Note

Adopted effective June 3, 1988 (Supp. 88-2). Heading amended effective February 7, 1995 (Supp. 95-1).

R4-38-102. Standards for Approval of Post Graduate Courses and Homeopathic Educational Institutions

- A. Applicants for licensure who submit a diploma of Doctor in Medicine in Homeopathy issued by a homeopathic college or other educational institution shall submit a certified statement of their course work and content if their institution has not been previously approved by the Board or accredited for this course of study by an educational or professional association recognized by the Board including the Association of American Medical Colleges, the Association of Canadian Medical Colleges, or the American Institute of Homeopathy.
- B. An applicant shall submit certificates of attendance and completion of post graduate courses and a summary of such work, as required by this Section, on the application form supplied by the Board.
- C. Attendance at a course of homeopathic post graduate medical education consisting of 90 hours or more of formal training in homeopathy offered by an institution approved by the Board or the American Institute of Homeopathy will satisfy the post graduate course requirements for applicants.
- D. Course work not previously approved by the Board will be evaluated upon submission by applicant according to the course content, which includes case-taking, repertory use, materia medica, homeopathic philosophy and history, acute remedies, constitutional prescribing, posology, homeopathy prescription policies, remedy handling policies, and homeopathic laws.
- E. An applicant whose previous homeopathic practice as defined in A.R.S. § 32-2901(A)(4) has been devoted 50% or more to complementary modalities other than the classical homeopathy of micro-dose substances prescribed by the law of similars,

shall submit evidence of a combined total of three hundred hours of post graduate training in one or more of these modalities including a minimum of 40 hours of formal training in an approved course in classical homeopathy. These modalities as defined in A.R.S. § 32-2901 include acupuncture, neuromuscular integration, orthomolecular therapy, nutrition or chelation therapy.

- F. Applicants who have submitted a preceptorship in Homeopathic Medicine may submit documentation of such preceptorship for consideration by the Board according to the criteria in subsection (B) above as an approved course of post graduate training. A preceptorship is an extended period of individual study with one or more experienced homeopathic physicians or institutions.

Historical Note

Adopted effective June 3, 1988 (Supp. 88-2).

R4-38-103. Standards for Approval in Internships and Preceptorships

- A. An "approved internship" means that the applicant has completed training in a hospital which was approved for internship, fellowship or residency training by the Council on Medical Education in Hospitals of the American Medical Association, the Association of American Medical Colleges, the Royal College of physicians and Surgeons of Canada, the American Osteopathic Association or any similar body in the United States or Canada whose function is that of approving hospitals for internship, fellowship or residency training.
- B. Completion of a preceptorship may not substitute for completion of an approved internship, residency or fellowship program.

Historical Note

Adopted effective June 3, 1988 (Supp. 88-2).

R4-38-104. Fees

- A. The fee for annual renewal of a license is \$525.00.
- B. The fee for issuance of a duplicate license is \$25.00.
- C. The fee for a dispensing permit is \$200.00 and the annual renewal for such a permit is \$150.00.
- D. The fee for a copy of minutes to all board meetings during the calendar year is \$75.00.
- E. The fee for the sale of lists of physicians licensed by the Board is \$0.05 per name for private use and \$0.25 per name for commercial use.
- F. The fee for copying records, documents, letters, minutes, applications, and files is \$0.25 per page.
- G. The fee for copying audio tapes is \$35.00 per tape.
- H. The fee for the sale of computerized tapes or diskettes not requiring programming is \$100.00.

Historical Note

Adopted effective February 22, 1988 (Supp. 88-1).
Amended effective January 27, 1995. Amended effective February 7, 1995 (Supp. 95-1). Amended effective November 12, 1996 (Supp. 96-4).

R4-38-105. Procedures for Conducting Licensing Examinations and Setting the Passing Grade

- A. The examination for licensure shall be a written exam with a specified time limit. The Board shall administer a standardized examination or examinations covering items expected to be included in an approved formal post graduate course in homeopathic medicine as defined in R4-38-102(D).
- B. The passing grade of the exam is 70%.
- C. Applicants shall bring a copy of Kent's Repertory for use as a reference during the examination. Applicants may use other repertories with clinically updated rubrics. In no case may

other written material, notes or materia medica references be brought in or used during the examination.

Historical Note

Adopted effective June 3, 1988 (Supp. 88-2).

R4-38-106. Procedure for Conduct of Personal Interview

- A. The personal interview conducted by the Board shall be conducted so as to acquaint the Board with the applicant's personal history, philosophy and approach to homeopathic medical practice. To this end the Board may require the applicant to review a clinical case history drawn from a file established by the Board for this purpose and present to the Board a summary of how the applicant would proceed with the clinical management of the sample case.
- B. The Board shall ask any questions which will clarify to the satisfaction of the Board any issues regarding the applicant's practice record which may reflect on his or her competence to safely engage in the practice of medicine, clarify any questions of unprofessional conduct in the applicant's professional record, and clarify whether the scope of the applicant's homeopathic practice falls within the definition of A.R.S. § 32-2901(A)(4).

Historical Note

Adopted effective June 3, 1988 (Supp. 88-2).

R4-38-107. Waiver of Examination

- A. No waiver may be issued without completion of a personal interview.
- B. For applicants requesting waiver under A.R.S. § 32-2912(C)(1)(a), Verification of competency, the Board will consider the nature of the applicant's previous three years of homeopathic practice and the nature of the treatment methodology (homeopathic modalities) used in that practice. If the Board so determines, based on information obtained in the personal interview, that this practice constitutes a primarily homeopathic practice experience under the definition of such practice in Arizona law, then waiver may be granted.
- C. In cases where applicant requests waiver under A.R.S. § 32-2912(C)(1)(b), Recognition of homeopathic licensure, the Board will consider the nature of the examination and testing procedures used in the licensing jurisdiction as well as the information obtained in the personal interview in determining whether the applicant qualifies for a waiver.

Historical Note

Adopted effective June 13, 1988 (Supp. 88-2). Amended effective February 7, 1995 (Supp. 95-1).

R4-38-108. Notification of Address

Any licensee establishing a new office or changing his office address in the state of Arizona shall notify the Board in writing within 45 days of the opening of such new office and notify the Board within 45 days of any change in office or residence address, and office or residence telephone number.

Historical Note

Adopted effective June 13, 1988 (Supp. 88-2).

R4-38-109. Experimental Forms of Diagnosis and Treatment

- A. The Board neither approves nor advocates specific innovative therapies but recognizes the following standards for determining if licensees are in compliance with A.R.S. § 32-2933(27). Nothing in this rule shall be interpreted to authorize activity in violation of applicable Arizona or federal statutes regarding drugs and devices.
- B. For the purposes of this Chapter, an experimental form of diagnosis or treatment, subject to the restrictions and public protections of A.R.S. § 32-2933(27), includes:

1. Administration of a pharmaceutical agent untested for safety in humans.
 2. The use of physical agents or electromagnetic currents or fields in a manner not supported by established clinical usage.
 3. Innovative therapy modalities and diagnostic methods that are not included in the definition of homeopathic practice in A.R.S. § 38-2901(A) and do not meet the criteria of subsection (C) below.
- C.** For the purposes of this Chapter, the following are not considered to be experimental forms of diagnosis or treatment:
1. Substances or therapy modalities administered on homeopathic indications that have been in beneficial clinical usage by professionally trained, legally qualified physicians for at least 10 years.
 2. Homeopathic drugs listed in the Homeopathic Pharmacopoeia of the United States.
 3. Homeopathic drug preparations which have been characterized by toxicity studies or by the "proving" method of administration to healthy volunteers to determine their spectrum of action.
 4. Administration of pharmaceutical agents for therapeutic indications supported by clinical usage where such agents have already received approval to be marketed publicly for other therapeutic indications by the appropriate regulatory agency.
- D.** For the purposes of this Chapter, beneficial clinical usage by physicians of therapy modalities means that such beneficial usage is documented by national or international clinical reports of therapeutic results, or by professionally recognized publications of clinical indications and contraindications, or by organized national or international instructional courses offered in the use of the modality or treatment, or by presentation of physicians' experience with the therapy at national or international professional meetings.

Historical Note

Adopted effective June 13, 1988 (Supp. 88-2).

R4-38-110. Generally Accepted Experimental Criteria

For the purposes of this Chapter, generally accepted experimental criteria in homeopathy mean:

1. A protocol in which the treating modality is administered in the smallest amount necessary to stimulate a healing response with a minimum of clinical aggravation or "side effects."
2. Records for documentation of clinical efficacy which reflect measurement of symptom improvement, laboratory testing, and improvement in parameters of physiologic functioning.
3. Innovative diagnostic procedures and devices are to be analyzed and evaluated according to their ability to assist the physician in assessing the degree of disturbance in the totality of the patient's presenting signs, symptoms and physiologic responses. The procedures and devices are also evaluated according to their ability to predict or monitor the totality of responses to a given therapeutic intervention or program.

Historical Note

Adopted effective June 3, 1988 (Supp. 88-2).

R4-38-111. Peer Review

- A.** Licensees who use experimental forms of diagnosis and treatment without affiliation with a recognized research institution or peer review agency may request or the Board may require review of the procedure in question by a Board appointed peer review committee.

- B.** The committee review shall include a review of protocols, record keeping, analysis of results and informed consent procedures. Based on the peer review report, the Board shall determine the licensee's compliance with generally accepted homeopathic experimental criteria.

Historical Note

Adopted effective June 3, 1988 (Supp. 88-2).

R4-38-112. Procedure for Registering Compliance of Use of Experimental Forms of Diagnosis and Treatment

At the time of initial licensing and at subsequent annual renewal periods, physicians shall document the modalities of treatment used in their practice as well as any experimental forms of diagnosis and treatment which have been defined as experimental by legislative action or Board action.

Historical Note

Adopted effective June 3, 1988 (Supp. 88-2).

R4-38-113. Protocol for Chelation Therapy

- A.** Physicians engaging in chelation therapy as part of their homeopathic practice shall document post graduate education requirements equivalent to those established for eligibility for certification by the American Board of Chelation Therapy.
- B.** Physicians engaging in chelation therapy shall keep detailed records for patients undergoing chelation therapy, which shall include the following:
1. Documentation of form and nature of pre-therapy counseling.
 2. Diagnostic and pathologic categorization of patient's problem.
 3. Documentation of pre-therapy testing including history and physical, subjective symptomatology, laboratory evaluations and consultation reports appropriate to the patient's pathologic diagnosis.
 4. Evidence of periodic monitoring of therapy at an interval appropriate for the acuteness of patient's condition at a minimum of every nine treatments or every two months. Such monitoring includes physiologic measurements, complications of treatment, progress in symptoms and additional comments.
 5. Post therapy testing including subjective evaluation, physiologic testing and laboratory results appropriate for the patient's complaint to be done at three, six and 12 months following treatment or during the course of treatment.
- C.** Periodic analysis of chelation therapy results shall occur at six-month intervals with at least the following analysis of results:
1. Minimal improvement.
 2. Marked improvement.
 3. Worse.
 4. Lost to follow-up.
 5. Refused follow-up.
- D.** Peer review for compliance with the above protocol shall occur at a minimum of annual intervals through an appropriate institutional review committee or a peer review committee designated by the Board.

Historical Note

Adopted effective June 3, 1988 (Supp. 88-2). Amended effective February 7, 1995 (Supp. 95-1).

R4-38-114. Rehearing or Review of Decision

- A.** Except as provided in subsection (G), any party in a contested case before the Board who is aggrieved by a decision rendered in such case may file with the Board not later than ten days after service of the decision, a written motion for rehearing or review of the decision, specifying the particular grounds there-

fore. A decision shall be deemed to have been served when personally delivered or mailed by certified mail to the party at his last known residence or place of business.

- B.** A motion for rehearing under this rule may be amended at any time before it is ruled upon by the Board. A response may be filed within ten days after service of such motion or amended motion by any other party. The Board may require the filing of written briefs upon the issues raised in the motion and may provide for oral argument.
- C.** A rehearing or review of the decision may be granted for any of the following causes materially affecting the moving party's rights.
 1. Irregularity in the administrative proceedings of the agency or its hearing officer or the prevailing party, or any order or abuse of discretion, whereby the moving party was deprived of a fair hearing;
 2. Misconduct of the Board or the prevailing party;
 3. Accident or surprise which could not have been prevented by ordinary prudence;
 4. Newly discovered material evidence which could not with reasonable diligence have been discovered and produced at the original hearing;
 5. Excessive or insufficient penalties;
 6. Error in the admission or rejection of evidence or other errors of law occurring at the administrative hearing;
 7. That the decision is not justified by the evidence or is contrary to law.
- D.** The Board may affirm or modify the decision or grant a rehearing to all or any of the parties and on all or part of the issues for any of the reasons set forth in subsection (C). An order granting a rehearing shall specify with particularity the ground or grounds on which the rehearing is granted, and the rehearing shall cover only those matters so specified.
- E.** Not later than ten days after a decision is rendered, the Board may on its own initiative order a rehearing or review of its decision for any reason for which it might have granted a rehearing on motion of a party. After giving the parties or their counsel notice and an opportunity to be heard on the matter, the Board may grant a motion for rehearing for a reason not stated in the motion. In either case the order granting such a rehearing shall specify the grounds therefore.
- F.** When a motion for rehearing is based upon affidavits, they shall be served with the motion. An opposing party may within ten days after such service serve opposing affidavits, which period may be extended for an additional period not exceeding 20 days by the Board for good cause shown or by written stipulation of the parties. Reply affidavits may be permitted.
- G.** If in a particular decision the Board makes specific findings that the immediate effectiveness of such decision is necessary for the immediate preservation of the public peace, health and safety and that a rehearing or review of the decision is impracticable, unnecessary or contrary to the public interest, the decision may be issued as a final decision without an opportunity for a rehearing or review. If a decision is issued as a final decision without an opportunity for rehearing, any applicant for judicial review of the decision shall be made within the time limits permitted for applications for judicial review of the Board's final decisions.
- H.** For purposes of this Section, the terms "contested case" and "party" are defined in A.R.S. § 41-1001.

Historical Note

Adopted effective June 3, 1988 (Supp. 88-2).

R4-38-115. Use of Title and Abbreviation.

- A.** The use of abbreviations "H.P." and "M.D.(H.)" are recognized as equivalent to the full written designation, "Homeopathic Physician" and "Doctor of Medicine (Homeopathic)".
- B.** Physicians practicing in Arizona under the auspices of the Homeopathic Board who are not also licensed by the Board of Medical Examiners or the Board of Osteopathic Examiners in Medicine and Surgery in this state may only use the designation, "M.D." or "D.O." to indicate their educational training if such use of initials is uniformly accompanied by the full, written designation, "Homeopathic Physician".
- C.** Physicians practicing under dual licensure between either the Allopathic or the Osteopathic Board and the Homeopathic Board shall use either the designation "Homeopathic Physician", "Doctor of Medicine (Homeopathic)", or one of the two approved abbreviation terms in all professional capacities, along with the appropriate "M.D." or "D.O." designation.
- D.** All physicians practicing in Arizona under a license by the Arizona Board of Homeopathic Medical Examiners shall post in a visible location in the reception area of each office facility, a sign which states, "Dr. _____ is licensed by the Arizona Board of Homeopathic Medical Examiners." Such sign shall be a minimum of four inches by six inches in size, and it may also state any additional licensures or certifications under which the Homeopathic Physician is practicing.
- E.** Deadline for compliance shall be six months after the effective date of this rule.

Historical Note

Adopted effective January 27, 1995 (Supp. 95-1).

ARTICLE 2. DISPENSING OF DRUGS BY HOMEOPATHIC PHYSICIANS

R4-38-201. Definitions

In addition to the definitions in A.R.S. §§ 32-2901, 32-2933, and 32-2951, the following definitions apply in this Chapter:

1. "Administer" means the direct application of a controlled substance, prescription-only drug, dangerous drug as defined in A.R.S. § 13-3401, narcotic drug as defined in A.R.S. § 13-3401, homeopathic medication, natural substance, or non-prescription drug, whether by injection, inhalation, ingestion, or any other means, to the body of a patient or research subject by a homeopathic physician, a homeopathic physician's nurse or assistant, or by the patient or research subject at a homeopathic physician's direction.
2. "Label" means a display of written, printed, or graphic matter on the immediate container of an article and, on the outside wrapper or container, if the display on the immediate wrapper or container is not easily legible through the outside wrapper.
3. "Labeling" means all labels and other written, printed, or graphic matter:
 - a. On an article or any of its containers or wrappers and
 - b. Accompanying the article.
4. "Manufacturer" means each person who prepares, derives, produces, compounds, processes, packages or repackages, or labels a drug in a place devoted to manufacturing the drug, but does not include a pharmacy, pharmacist, or physician.
5. "Natural substance" means an herbal phytotherapeutic or oxygen, carbon, or nitrogen-based therapeutic agent, vitamin, mineral, or food-factor concentrate isolated from animal, vegetable, or mineral sources for nutritional augmentation.

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6. "Official compendium" means the latest revisions of the Pharmacopoeia of the United States and the Homeopathic Pharmacopoeia of the United States, the latest revision of the National Formulary, or any current supplement.
7. "Packaging" means the act or process of placing a drug in a container to dispense or distribute the drug.
8. "Pharmaceutical drug" means a drug intended for use in preventing or curing disease or relieving pain.

Historical Note

Adopted effective September 13, 1993 (Supp. 93-3).
Amended by final rulemaking at 9 A.A.R. 1599, effective July 5, 2003 (Supp. 03-2).

R4-38-202. General Provisions

- A. A homeopathic physician shall not dispense unless the physician obtains from the Board a permit to dispense. The physician may renew the permit annually at the same time the license is renewed. The physician shall include the following on the permit application or renewal form:
 1. The classes of drugs the physician will dispense, including controlled substances, pharmaceutical drugs, homeopathic medications, prescription-only drugs, natural substances, non-prescription drugs defined in A.R.S. § 32-1901(46), and devices defined in A.R.S. § 32-1901(18);
 2. The location where the physician will dispense; and
 3. A copy of the physician's current Drug Enforcement Administration (DEA) registration, or an affidavit averring that the physician does not possess a DEA registration and that the physician will not prescribe or dispense controlled substances.
- B. If a homeopathic physician determines that a shortage exists in a controlled substance maintained for dispensing, the physician shall immediately notify the Board, the local law enforcement agency, and the Department of Public Safety by telephone. The physician shall also provide written notification to the Board within seven days of the date of the discovery of the shortage.

Historical Note

Adopted effective September 13, 1993 (Supp. 93-3).
Amended by final rulemaking at 9 A.A.R. 1599, effective July 5, 2003 (Supp. 03-2).

R4-38-203. Repealed**Historical Note**

Adopted effective September 13, 1993 (Supp. 93-3). Section repealed by final rulemaking at 9 A.A.R. 1599, effective July 5, 2003 (Supp. 03-2).

R4-38-204. Repealed**Historical Note**

Adopted effective September 13, 1993 (Supp. 93-3). Section repealed by final rulemaking at 9 A.A.R. 1599, effective July 5, 2003 (Supp. 03-2).

R4-38-205. Repealed**Historical Note**

Adopted effective September 13, 1993 (Supp. 93-3). Section repealed by final rulemaking at 9 A.A.R. 1599, effective July 5, 2003 (Supp. 03-2).

R4-38-206. Packaging

In addition to the requirements of A.R.S. § 32-2951, a dispensing homeopathic physician shall dispense a controlled substance or prescription-only pharmaceutical drug in a light-resistant container

with a consumer safety cap, unless the patient or patient's representative and the physician agree otherwise.

Historical Note

Adopted effective September 13, 1993 (Supp. 93-3).
Amended by final rulemaking at 9 A.A.R. 1599, effective July 5, 2003 (Supp. 03-2).

**ARTICLE 3. EDUCATION, SUPERVISION, AND
DELEGATION STANDARDS FOR REGISTRATION
OF MEDICAL ASSISTANTS BY HOMEOPATHIC
PHYSICIANS**

R4-38-301. Definitions

- A. "Assists" means performing delegated procedures within the homeopathic physician's practice according to a written job description for which the Board has approved the assistant's educational program and the supervising physician's practice experience.
- B. "Commensurate with the assistant's education and training" means that the assistant's education and training in either a formal or practical educational program meets Board standards for the specific technical functions in the job description for which the supervising physician makes application.
- C. "Delegated procedures" refers to technical functions which are specifically outlined in the assistant's written job description and which may include any of the following:
 1. Assisting in information-gathering functions, including history taking, measuring patients' vital signs, measuring patients' neuromuscular and electro-physiologic responses, specimen collection, and phlebotomy;
 2. Assisting in information-processing functions including scoring of questionnaires, plotting of laboratory, physical, and chemical measurements, and symptom repertorization using standard homeopathic references or software programs;
 3. Assisting in or administering patient treatments by physical; hygienic, including colonic irrigation; and electrical therapy modalities as ordered by the physician;
 4. Assisting in delivery of drugs, devices, and natural substances to patients;
 5. Assisting in patient health care education and counseling including nutritional and stress-management counseling;
 6. Assisting in explaining and reinforcing home follow-up advice for physician-prescribed homeopathic therapy programs; and
 7. Administration of skin tests and injections ordered by the physician.
- D. "Educational program approved by the Board" means a formal educational program or a practical educational program which is recognized by the Board as sufficient to qualify a Medical Assistant to perform specific delegated procedures under the supervision of a physician.
- E. "Formal educational program" means an organized course of study or training program in a technical field which includes didactic and supervised clinical experience and whose curriculums are approved by the Board.
- F. "Physical medicine modalities" means hydrotherapy, including colonic irrigation; application of heat and cold; diathermy; electro-galvanic stimulation; ultrasound; traction; massage therapies; neuromuscular re-education procedures; application of transcutaneous nerve stimulator units; and the use of electronic micro-current devices for stimulation of nerve and muscle tissue.
- G. "Practical educational program" means a course of study organized and directed by the supervising physician who conducts or verifies the didactic portion of the training and personally

oversees or verifies the clinical experience portion of the training while the assistant is on the job.

H. "Under the supervision of" means that:

1. The supervising physician is physically on-site at the practice location during the day the delegated procedures are performed;
2. The supervising physician provides specific written orders for the medical Assistant for any treatment functions delegated to the medical assistant;
3. The medical assistant documents the performance of the delegated function in the office medical record by legible and identifiable notes;
4. An office, laboratory, or therapy note is prepared which is signed by the assistant and countersigned by the supervising physician within one week of the date of service for each visit in which a medical assistant performs delegated procedures;
5. The supervising physician has met Board-approved clinical experience standards as set forth in R4-38-303(B) or R4-38-305(B), for the procedure approved for delegation to the medical assistant;
6. All the delegated procedures and treatments could be legally performed by the supervising physician; and
7. The supervising physician ensures that there is regular discussion with each medical assistant with regard to individual patient's, responses to treatments or treatment programs delegated to that medical assistant.

Historical Note

Adopted effective January 27, 1995 (Supp. 95-1).

R4-38-302. Approved Formal Educational Programs

- A.** Physicians requesting that their assistants be approved for one or more of the following specified delegated procedures on the basis of a formal educational program shall submit evidence that the assistant has successfully completed the specified educational program:
1. General medical office procedures require completion of a course of instruction and training in a public or private school, college, or technical institute designed to place graduates in positions as General Office Medical Assistants. Such course of instruction shall consist of a minimum of the following:
 - a. 240 classroom hours in medical secretarial skills;
 - b. 240 classroom hours in back office assisting; and
 - c. 320 hours of supervised clinical experience.
 2. Neuromuscular Integration therapy procedures:
 - a. Completion of a course of instruction and training in a public or private school, college, or technical institute designed to place graduates in positions as qualified Physical Therapy Assistants in a United States jurisdiction. Such course of instruction shall consist of a minimum of the following:
 - i. 1200 classroom hours in hands-on 22 techniques, sciences, theories and principles;
 - ii. 720 hours of supervised clinical experience; and
 - iii. 580 classroom hours in general studies; or
 - b. Completion of a professional program in massage therapy consisting of 1000 hours of didactic and clinical training or examination and certification sponsored by the American Massage Therapy Association; or
 - c. Completion of a professional training or certification program in Feldenkrais, Rolfing, Hellerwork, Trager, Orthobionomy, Shiatsu, Reiki, Polarity, Jin Shin Jyutsu, or similarly organized training program

of at least 1000 hours of technical training and clinical supervision;

3. Acupuncture therapy procedures: completion of a didactic and clinical training program in acupuncture and examination and certification by the National Commission for the Certification of Acupuncturists (NCCA);
 4. Homeopathic repertorization procedures: completion of at least 180 hours of a formal educational program as set forth in R4-38-301(E) or preceptorship in a homeotherapeutics program approved by the Board including those certified by the Council for Homeopathic Certification; or
 5. Nutritional counseling procedures require completion of one of the following:
 - a. Board-approved formal educational program in clinical nutrition consisting of 500 hours or more of training; or
 - b. Certification by the International University for Nutrition Education.
- B.** Physicians proposing job descriptions for assistants in general medical or homeopathic practices and procedures not herein specified shall submit evidence that is satisfactory to the Board that the assistant has completed a degree of educational training and clinical supervision that is substantially equivalent to the formal educational requirements in the above areas.

Historical Note

Adopted effective January 27, 1995 (Supp. 95-1).

R4-38-303. Supervision of Formally Trained Assistants

- A.** In order for a homeopathic physician to delegate specified homeopathic diagnostic and therapeutic procedures, as described in this rule, his or her qualifications shall be approved by the Board.
- B.** Approval may be granted by the Board after its review of the physicians' educational and practice experience in the specified delegated procedure. Such experience may include the completion of 25 hours of homeopathic post-graduate education in the specified delegated procedure. Certificates of attendance and completion of such courses shall be submitted with the application form supplied by the Board.
- C.** Physicians may submit documentation of practice experience substantially equivalent to post-graduate training in the specified Homeopathic modalities for individual approval by the Board.
- D.** Supervision of the medical assistants performing general medical office procedures recognized as common within the allopathic and osteopathic community does not require any additional experience and training beyond that contained in the requirements for licensure as a homeopathic physician.

Historical Note

Adopted effective January 27, 1995 (Supp. 95-1).

R4-38-304. Approved Practical Educational Programs

- A.** Unlicensed persons who have not completed a Board-approved formal educational program in delegated office procedures may receive on-the-job training and clinical supervision in a practical educational program conducted by the supervising homeopathic physician.
- B.** A homeopathic physician shall apply for and obtain approval from the Board in order to conduct a practical educational program. Separate written Board approval shall be obtained for each medical assistant that participates in the practical educational program.
- C.** Request for approval for a practical training program shall be submitted on a form supplied by the Board and shall contain:
 1. A written training protocol for the procedure or procedures in question;

2. A detailed description of the physician's background and expertise in the procedure or procedures being taught;
 3. A proposed job description which specifies how the assistant will eventually perform those procedures delegated by the supervising physician and within the supervising physician's practice; and
 4. Documentation of any previous on-the-job or formal training of the assistant.
- D.** Training protocols submitted for approval shall meet the following standards for the specified job descriptions:
1. General medical job descriptions: completion of 400 hours of didactic instruction and clinical supervision;
 2. Job descriptions delegating acupuncture treatments for medical and pain management applications: completion of the academic portion of a course of study offered by a member institution of the National Association of Colleges of Acupuncture and Oriental Medicine, a World Health Organization-designated training facility for acupuncture, or an equivalent approved by the Board, plus a minimum of 500 hours of clinical supervision by a qualified supervising physician;
 3. Job descriptions delegating acupuncture treatments for drug detoxification purposes: completion of a course of training in acupuncture drug detoxification consisting of a minimum of 70 hours in both diagnostic and supervised apprenticeship conducted by the National Acupuncture Detoxification Association (NADA) and approved by the Board, plus clinical supervision of a least 160 hours by a qualified supervising physician;
 4. Job descriptions delegating information gathering using electro-diagnostic procedures and devices: completion of a didactic course of study of at least 35 hours in electro-diagnostic methodology, plus at least 160 hours of clinical supervision by a qualified supervising physician;
 5. Job descriptions delegating physical medicine treatment modalities require completion of one of the following:
 - a. Technical massage course of at least 50 hours of study and certification by any Arizona jurisdiction; or
 - b. On-the-job training of at least 50 hours in a specified physical medicine modality including didactic instruction and clinical supervision; or
 6. Job descriptions delegating homeopathic repertorization procedures: completion of at least 180 hours in homeotherapeutics including at least 40 hours of didactic instruction and at least 40 hours of clinical supervision.
3. Practical educational program in Acupuncture Detoxification procedures:
 - a. A fellowship or certification in addiction medicine plus 25 hours of post-graduate education, approved by the Board, in acupuncture therapy for drug detoxification; or
 - b. Two years of documented, Board-approved experience in conducting clinical addiction treatments or therapy plus 25 hours of post-graduate education, approved by the Board, in acupuncture therapy for drug detoxification;
 4. Practical educational program for an assistant performing electro-diagnostic procedures: completion of at least 80 hours of formal training in electro-diagnosis and two years of clinical experience in electro-diagnostic methodology.
 5. Practical educational program in specified aspects of neuromuscular integration therapies or physical medicine modalities:
 - a. Completion of a residency or fellowship in physical medicine;
 - b. At least 220 hours of post-graduate training in neuromuscular integration therapies; or
 - c. Two years of clinical experience in medical orthopedics, physical medicine modalities, osteopathic manipulative medicine, chiropractic manual therapy, or an equivalent neuromuscular integration therapy, such as those listed in R4-38-302,(A)(2)(c); or
 6. Practical educational program in homeopathic repertorization:
 - a. Five years of clinical practice and 200 hours of continuing medical education in classical homeotherapeutics; or
 - b. Diplomate status granted by the American Board of Homeotherapeutics or by the British Institute of Homeopathy.

Historical Note

Adopted effective January 27, 1995 (Supp. 95-1).

R4-38-306. Restrictions on Delegated Procedures

A physician may not delegate the following procedures to an unlicensed person:

1. Psycho-therapeutic procedures, including individual and group psychotherapy, clinical hypnosis, or other behavioral health interventions subject to independent regulation in Arizona;
2. The dispensing of drugs, homeopathic agents, herbal products, natural products, and therapy devices when the supervising physician has not registered with the Board to include dispensing privileges as part of the supervising physician's practice.

Historical Note

Adopted effective January 27, 1995 (Supp. 95-1).

R4-38-307. Unprofessional Conduct

The following conduct in regard to the delegating of procedures to medical assistants is conduct or practice which does or might constitute a danger to the health, welfare, or safety of the patient or the public:

1. Failure of the physician to perform and document in the medical record the following for each patient on whom delegated procedures are performed:
 - a. Initial evaluation;
 - b. Treatment-planning;
 - c. Periodic re-evaluation of the patient's health status; and

Historical Note

Adopted effective January 27, 1995 (Supp. 95-1).

R4-38-305. Supervision of Practical Educational Programs

- A.** The Board shall review and approve the qualifications of a physician seeking to conduct a practical educational program.
- B.** A physician shall document on the request for approval his or her background in formal training and his or her experience in the particular procedure in which the medical assistant will be trained. The following levels of training are required for a physician to conduct a training program in the specified delegated procedures:
 1. General medical assistant training program: two years of active practice following completion of M.D. or D.O. post-graduate education;
 2. General Acupuncture therapeutics practical educational program: 220 hours of post-graduate training in medical acupuncture and two years of clinical experience in acupuncture therapeutics;

- d. Termination or modification of the patient's treatment program at the conclusion of the prescribed course of therapy;
- 2. Obtaining board approval for training and/or supervision of Medical Assistants under false pretenses;
- 3. Failure to adhere to the supervision criteria outlined in R4-38-301(H)(1-7), and R4-38-309;
- 4. Failure to register or re-register medical assistants as required by these rules;
- 5. Allowing assistants to perform procedures not specified in their Board-approved job description; or
- 6. Failure to obtain approval by the Board to conduct a practical educational program to supervise an unlicensed person who has not yet completed a Board-approved medical assistant medical educational program.

Historical Note

Adopted effective January 27, 1995 (Supp. 95-1).

R4-38-308. Registration Procedures for Medical Assistants and Practical Educational Programs

- A. The supervising physician shall register each medical assistant with the Board within two weeks of employment by submitting an application on a form supplied by the Board which documents the following:
 - 1. The medical assistant's proposed job description;
 - 2. The medical assistant's educational qualifications for the proposed delegated procedures;
 - 3. A complete curriculum vitae of the medical assistant; and;
 - 4. The supervising physician's qualifications to supervise the proposed delegated procedures.
- B. The application shall be accompanied by certificates of participation in training; proficiency certifications by relevant Boards, associations, or societies; individual letters of documentation of preceptorships; or letters confirming on-the-job training by the parties who supervised such training.
- C. Job descriptions or functions other than generally recognized homeopathic office procedures specified in these rules will be subject to individual review and approval by the full Board.
- D. Upon approval of the application by the Board, the medical assistant shall perform his or her duties while wearing a clearly labeled name tag stating the designation, "medical assistant", and the specific modality or class of expertise.
- E. A medical assistant's registration shall be valid until the end of the calendar year in which the application was approved. This registration shall be deemed valid by the Board for an additional two years as long as the supervising physician remits annual payment of the renewal fee concurrent with his or her own annual physician's license renewal. A registration shall expire either:
 - 1. Upon termination of the medical assistant's employment by the supervising physician;
 - 2. Upon nonpayment by the supervising physician of the renewal extension fees by their due dates; or
 - 3. On December 31st of the second year subsequent to the year that the registration was initially approved.
- F. Once a medical assistant's registration has expired, the employing supervising physician shall submit a complete and updated registration application and initial registration fee for re-approval by the Board.
- G. Each physician proposing to conduct an on-the-job or practical educational program for medical assistants shall apply for such approval within two weeks of employment of the medical assistant by submitting an application on a form supplied by the Board. This form is in addition to the medical assistant registration form.

- H. Each physician who continues to actively train medical assistants shall renew the practical education training program registration annually by submitting an updated application for each of his or her current training protocols.

Historical Note

Adopted effective January 27, 1995 (Supp. 95-1).

R4-38-309. Multiple Supervisors

- A. A medical assistant employed by more than one homeopathic physician shall have his or her job description registered with the Board for each place of employment.
- B. Registration and job description approval are not transferable upon change in employment, and a new application shall be made by the new employer upon hiring a new medical assistant.
- C. An employing physician may, at the time of initial registration, or as an addendum to a current registration, add to the medical assistant's job description the name and qualifications of one or more alternative supervising physicians within the employing physician's medical group, or who provides on-site coverage for the supervising physician during periods of absence who will insure proper supervision and documentation of the performance of the delegated procedures by the medical assistant.

Historical Note

Adopted effective January 27, 1995 (Supp. 95-1).

R4-38-310. Previously Licensed Practitioners

- A. Medical assistant status with supervision by an Arizona-licensed homeopathic physician is not intended to allow a health care practitioner who would otherwise be subject to regulation by licensure in Arizona to practice his or her profession outside of that profession's formal regulatory authority.
- B. Homeopathic physicians proposing to employ as a medical assistant a person previously licensed or subject to professional regulation as a health care professional in a U.S. jurisdiction shall document and submit for approval to the Board on forms supplied by the Board the following information:
 - 1. A complete curriculum vitae of the applicant in question; and
 - 2. An affidavit from the applicant, stating the reasons for which the applicant seeks employment as a homeopathic medical assistant rather than as a licensed Arizona health care provider in accordance with his or her professional training.
- C. The Board shall conduct a background check of the applicant's previous health professional practice in all jurisdictions previously licensed, sufficient to determine if the applicant has or had engaged in unprofessional conduct, or is or was deemed incompetent, or was physically or mentally unable to safely engage in the rendering of health care services.
- D. The Board shall conduct a personal interview with the supervising physician and the proposed assistant to determine the accuracy of the proposed job description, that the relationship will not constitute a violation of A.R.S. § 32-2933(11), and an understanding by the physician of his or her supervisory responsibilities and by the proposed assistant of his or her limitations under these rules and applicable statutes.

Historical Note

Adopted effective January 27, 1995 (Supp. 95-1).

R4-38-311. Deadlines for Compliance with Rules

- A. Physicians employing medical assistants as of the effective date of this rule shall complete the initial registration within six months, or as of the annual renewal date for the supervising physician's license, whichever comes first.

- B. Any person employed as a medical assistant as of the effective date of this rule shall complete all training required by his or her job description category within 12 months of the effective date of this rule. His or her supervising physician shall document the medical assistant's completion of this training.
- C. Within three months of the effective date of this rule, all physicians conducting on-the-job training as part of a practical educational program shall submit the necessary documentation in order to receive Board approval to conduct practical educational training in the various procedures included in their assistant's job descriptions.
- D. Following initial registration, renewals will be due concurrent with the next and each subsequent renewal of the homeopathic physician's license.

Historical Note

Adopted effective January 27, 1995 (Supp. 95-1).

ARTICLE 4. APPLICATION AND RENEWAL PROCESS; TIME-FRAMES

R4-38-401. Definitions

In this Article, the following terms apply:

1. "Application period" means 365 days, starting from the date an initial application and fee are received in the Board office under A.R.S. § 32-2912(F)(3) and (4).
2. "Deficiency notice" means a written, comprehensive list of missing information or documents.
3. "Prescribed fee" means a fee permitted by A.R.S. § 32-2914 or prescribed by R4-38-104.
4. "Serve" means sending the document by U.S. mail to the last address provided by the applicant.
5. "Staff" means any person employed or designated by the Board to perform administrative tasks.

Historical Note

Adopted effective September 24, 1998 (Supp. 98-3).

R4-38-402. Application; Initial License, Permit, or Registration

- A. An applicant shall submit to the Board office a signed, notarized application form, the contents of which are described by A.R.S. Title 32, Chapter 29 and 4 A.A.C. 38; any supporting information required; and the prescribed fee. Within 90 days after receipt of an initial application package, staff shall finish an administrative completeness review.
 1. If the application package is complete, staff shall serve the applicant with a written notice of administrative completeness informing the applicant of the date, time, and place of the Board's consideration of the application.
 2. If the application package is deficient, staff shall serve the applicant with a written deficiency notice. The 90-day time-frame for staff to finish the administrative completeness review is suspended from the date the deficiency notice is served until all missing information is received.
- B. Except as otherwise provided by law, the applicant shall provide all missing information within 180 days after the date on the deficiency notice, including information from other agencies, institutions, and persons. If the applicant has not already done so, the applicant shall take the written examination prescribed in R4-38-105 within the 180 days.
- C. Within 90 days after receipt of a complete initial application package, the Board shall render a decision on the initial license, permit, or registration. The applicant shall undergo the oral examination and interview prescribed in R4-38-106 within the 90 days.
 1. If the Board finds the applicant meets the licensing requirements, the Board shall grant a license effective on

the date that the Board receives the license issuance fee. If no license fee is required, the Board shall grant the permit or registration, which is effective on the date granted.

2. If the Board finds the applicant does not meet the licensing requirements, the Board shall issue a written notice of denial of license.
 3. If the Board determines that there are substantive deficiencies in the application, the Board shall serve a single comprehensive written request for additional information.
 4. The 90-day substantive review time-frame is suspended from the date on the request for additional information until the date that all requested information is received. Except as otherwise provided by law, the applicant shall provide the requested information within 60 days from the date on the notice.
- D. If an applicant fails to provide the information required in subsections (B) and (C), the Board shall determine whether to deny the application or to consider it withdrawn under A.R.S. § 32-2912(F).

Historical Note

Adopted effective September 24, 1998 (Supp. 98-3).

R4-38-403. Application; Renewal of License, Permit, or Registration

- A. On or before the deadlines prescribed in A.R.S. § 32-2915(D), an applicant for renewal of a license, permit or registration shall submit to the Board a renewal application form, the contents of which are prescribed by A.R.S. Title 32, Chapter 29 and 4 A.A.C. 38, and the appropriate fees.
- B. Within 30 days after receipt of a renewal application package, staff shall notify the applicant that the package is either complete or deficient.
 1. If the application package is complete, staff may serve the applicant with a written notice of administrative completeness. If the notice of administrative completeness is not served within 30 days after receipt of a renewal application package, the package is deemed complete.
 2. If the renewal application package is deficient, staff shall serve the applicant with a written deficiency notice. The 30-day time-frame for staff to finish the administrative completeness review is suspended from the date the deficiency notice is served until all missing information is received.
- C. Except as otherwise provided by law, an applicant for renewal shall provide all missing information within 10 days after the date on the deficiency notice or by the applicable deadline prescribed in A.R.S. § 32-2915, whichever is later.
- D. Within 90 days of receipt of a complete renewal application package, the Board shall either issue a license renewed notice, showing the effective year of renewal, or conduct a substantive review of those renewal applications which, when considered alone or in conjunction with additional information, raise a concern that the applicant's conduct may be in violation of A.R.S. Title 32, Chapter 29. The Board shall investigate and resolve such a concern under A.R.S. § 32-2934.
- E. If an applicant for renewal fails to provide the missing information required by subsection (C), the license, permit, or registration expires effective January 1 of the renewal year for which the application was made and the Board shall not refund any renewal fees paid for that year.

Historical Note

Adopted effective September 24, 1998 (Supp. 98-3).